



City of Columbus
/Original Employment Information

/PP01 Employee Name & Address

Department: _____
Division: _____
Last Name: _____
First Name, Middle Initial: _____
Badge #: _____
MST Status **Y** _____
Employee Profile: **Y** _____
Alternate Name: _____
Address 1 (Number & Street): _____
Address 2 (Additional): _____
Address 4 (City): _____
State: _____
Zip Code: _____
School District Code: _____
Home Phone: () _____
City Phone: (614) 645- _____

/PP02 EEO Information

Sex: _____
Birthdate: _____
EEO Code: _____
Primary Disability: _____
Secondary Disability: _____

/PP06 Emergency Contact Information

Contact Name (Last, First, M.I.): _____
Contact Address 1: _____
Contact Address 2: _____
Contact Address 3: _____
State: _____
Zip Code: _____
Home Phone: () _____
Work Phone: () _____
Relation Code: _____

/PP19 Taxes

Federal Exempt:	Allowance:	Excess:
State Exempt:	Allowance:	Excess:
Local Columbus:	1 st Local:	2 nd Local:
Marital Status:	EIC:	

Employee Name: Last, First, Middle Initial

/PP20 Position/Classification Information

Social Security Number: _____
Action Code: **NEW** _____
Effective Date: _____
Department: _____
Division: _____
Position Number: _____
Job Class Code: _____
Bargaining Unit: _____
Pay Range: _____
Step: _____
Increment: _____
Hourly Pay Rate: _____

Appointment Information

Appointment Type: _____
CSC Code: _____
Employment Type: _____
Certification Number: _____

Paycost & Assignmt Information

System Status: _____
Payroll Number: _____
Base Index: _____
CSC Verified: **O** _____

/PP21 Additional Paycost Assignment Information

Action Code: **CCA** _____
Effective Date: _____
Index/OCA 2: _____
Index/OCA 2 %: _____
Index/OCA 3: _____
Index/OCA 3% _____
Index/OCA 4: _____
Index/OCA 4 %: _____
Assignment Code: _____
Scheduled Days Off: _____
Work Location: _____
Pay Location: _____
Shift: _____
Basic Work Week _____

/PP23 Primary Probation

Effective Date: _____
Action Code: **LTD** _____
Ends On or Before: _____
CSC Verified: **O** _____

n Comments:

n Signatures

☐ Entered

I hereby certify that the facts stated above are correct.

Employee Signature: _____ Date: _____

Division Head Signature: _____ Date: _____

Appointing Authority Signature: _____ Date: _____

■ Civil Service Commission

☐ Approved ☐ Disapproved _____ By: _____ Date: _____